

# Daily Security Report

Client No. <b>2036</b>		Client Name <b>O.H. metals</b>				Location <b>1002 aswego st. utica</b>				Date <b>3/14/87</b>									
Facility Equipment <b>Detex Clock</b>		Weapon No. <b>1</b>		Holster <b>1</b>		Raiscoat <b>1</b>		Flashlight <b>1</b>		Other <b>Gate &amp; Trailer keys, phone</b>									
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) <b>Offc K. Felix</b> Shift <b>8 AM</b> Began <b>8 AM</b> Ended <b>4 PM</b>			Officer—Swing Shift (Name) <b>Offc Del Vecchio</b> Shift <b>4 AM</b> Began <b>4 AM</b> ended <b>12 PM</b>										
						Officer—Grave Shift (Name) <b>Offc J. chevrette</b> Shift <b>12 AM</b> Began <b>12 AM</b> Ended <b>8 AM</b>													
Observations or actions taken						Yes			No										
Rounds or stations missed																			
Unlocked doors, gates or windows																			
Unlocked vaults or safes																			
Fire-smoke-or hazards																			
1. Extinguishers missing or defective																			
2. Sprinkler system defective																			
3. Fire doors or exits blocked																			
4. Rubbish accumulation																			
5. Motors running																			
6. Lights left burning																			
Injury hazards																			
Visitors																			
Trespassing																			
Violation of company rules																			
Remarks																			
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>																			
1. Were you injured during this tour?		Day Shift 1.		2.		3.		Swing Shift 1.		2.		3.		Grave Shift 1.		2.		3.	
Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
2. Did you suffer any illness?		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
3. Have you reported all accidents coming to your attention?		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No		Yes No	
Signatures		Day Shift 1. <b>Kenneth Felix</b>						Swing Shift 1. <b>Del Vecchio</b>						Grave Shift 1. <b>J. Chevrette</b>					
Signatures		2.						2.						2.					
Signatures		3.						3.						3.					

Left  
10:00 AM

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



# CENTRON SECURITY SERVICES, INC.

Date of Report 3/14/87

time of Report 8:15 PM.

Client; O. H. metals

Address: 1002 Oswego St., Utica

Location of Incident Back of Building on Lenox St. (window)

-Incident [REDACTED]

Date occurred

3/14/87

Time occurred

AM

8:15 PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

When I came on duty I was informed By ofc Felix About a window grate at the Back of the Building on Lenox St. I looks like someone had tried to enter the Building through it. Through futher inspection I found out that on the other side is a Big fan Bolted to the wall, with only a 6 inch space to the wall.

Signed- Mervin Del Vento Rank

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